PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09491323

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN	
FC)R	Ī	(Column 1) NUMBER FILED			(Column 2) NUMBER EXTRA			TYPE		OR 1 I	SMALL	
ron			NONBERTIELD						RATE	FEE		RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			50 minus 20=			. 30			X\$ 9=	324	OR	X\$18=	448
IND	EPENDENT CL		φ minus	minus 3 = * 3				X39=	117	OR	X78=	224	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	D.l	OR	TOTAL	1572
CLAIMS AS AMENDED - PART II												OTHER	THAN
(Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	SMALL	
ENT A	#	REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	٠ ﴿	755	Minus	**	56	=		X\$ 9=		OR	X\$18=	
	independent	*	6	Minus	12				X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF M	JLTIPLE DEF	PEND	DENT CLAIM		!	+130=		OR	+260=	
								_	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Coli	umn 1)		ıc	Column 2)	(Column 3)	A	DDII. FEE			AUUII. FEE	
ENT B	: B/	CL REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 5	5	Minus	**	56	= ~		X\$ 9=		OR	X\$18=	
	Independent		7	Minus	***	6	=		X39=	92	OR	X78=	
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									714			
								L	+130=		OR	+260=	
	·							· A l	TOTAL DDIT. FEE	420.	OR.	TOTAL ADDIT. FEE	
•		(Colu	umn 1)		(C	olumn 2)	(Column 3)						
ENT C		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=			X78=	
۷_	FIRST PRESE	NTATIC	N OF M	JLTIPLE DEF	PENE	ENT CLAIM		i -	7.00-		SP	7,70=	
									+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION		094912	3							
Total Fee Calculation										
	Fee Code	Total # Claims	Number Extra	<u> </u>	Fee	Fee	-	Total		
	Sm./Lg.				Sm. Entity	Lg. Entity				
Basic Filing Fee	201/101	4	n		345	690		. <u>1990</u>		
Total Claims >20	203/103	<u>5φ</u> ₋₂₀	54	x	9	18		649		
Independent Claims >3	202/102	<u>6</u> -3 =	. <u>3</u>	x	39	18	-	234		
Mult. Dep Claim Present	204/104				130	260	-	· · ·		
Surcharge	205/105				65	130	-	130		
English Translation	_139									
TOTAL FEE CALCULA	ATION				,			1702		
Fees due upon filing t	he application:									
Total Filing Fees Due	= \$	nu)2					·		

1700

Dethick

Less Filing Fees Submitted

Office of Initial Patent Examination

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